F-293

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Att rn y D ck t Numb r

DESIGN PATENT APPLICATION (37 CFR 1.63)  Declaration Submitted of R Submitted after Initial With Initial Filing (surcharge (37 CFR 1.16 (e)) required) Filing  As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  Intervertebral Spacer Device Having Recessed Notch Pairs for Manipulation Using a Surgical Tool  (Title of the Invention)  the specification of which  is attached hereto OR was filed on (MM/DD/YYYY)  as United States Application Number or PCT International  Application Number  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international ling date of the continuation-in-part applications, and the national or PCT international application which designated at least one country oth than the United States of America, listed below and have also identified below, by checking the box, a regional procession and the national or than the united States of America, listed below and have also identified below, by checking the box, a regional procession and the national or positional application which designated at least one country oth than the United States of America, listed below and have also identified below.	DECLARATION FOR		Att III y D CK t	Nullib I				
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Submitted With Initial Filling (surcharge (37 CFR 1.16 (e)) required)  As a below named Inventor, I hereby declare that:  My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  Intervertebral Spacer Device Having Recessed Notch Pairs for Manipulation  Using a Surgical Tool  (Title of the Invention)  the specification of which	X Declaration	Declaration	Filing Date		9/16/2003			
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patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
	Prior Foreign Application	Fo			Certified Copy Attached? YES NO			
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[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

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Name			_			
Address						
City	<u>,                                      </u>		State		ZIP	
Country	Telep	hone			Fax	
I hereby declare that all statements made are believed to be true; and further that t made are punishable by fine or imprison validity of the application or any patent issu	hese statements nent, or both, und	were made with	n the knowle	edge that willful f	alse statements and the like	so
NAME OF SOLE OR FIRST INVE	NTOR:	A petition h	as been fi	led for this un	signed inventor	
Given Name (first and middle [if any])	Joseph P.		Family Na or Surnan		Errico;	
Inventor's Signature	1				Date 9/16/03	
Residence: City  Green Bro	ok,	State NJ	Cou	intry US	Citizenship US	
Mailing Address	29 De	eer Path Circ	le			
City Green Broo	ok,	State NJ	Zij	08812	Country US	
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])	Michael W.		Family Nar		Dudasik;	
Inventor's Signature	n c				Date 9/16/03	
Residence: City Nutley	' s	NJ State	Count	ry US	US Citizenship	
Mailing Address	29 I	Daily Street				
City Nutley, State NJ ZIP 07110 Country US						
X Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

Please type a plus sign (+) inside this box	<b></b>	+
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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Suppl m ntal Sheet
Page 1 of 1

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Name of Additional Joint Inventor, if a	ny:		A petition	n has been filed	for thi	is unsigned inventor
Given Name (first and middle [if any	])			Family Name	or Su	ımame
Rafail				2	Zubol	k
Inventor's Signature Date						
Residence: City Midland Park,	State N	c	Country	US	c	itizenship
Mailing Address		222 Sp	oruce Str	reet		
Mailing Address						
City Midland Park,	State N	J	ZIP	07432 c	ountry	US
Name of Additional Joint Inventor, if a	ny:		A petition	has been filed t	for this	unsigned inventor
Given Name (first and middle [if any	(1)			Family Name	or Su	ırname
Inventor's Signature Date						
Residence: City	State		Country			Citizenship
Mailing Address						
Mailing Address						
City	State		ZIP		Cour	ntry
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Family Name or Surname						
Inventor's Signature Date						
Residence: City State			Country Citizenship			Citizenship
Mailing Address						
Mailing Address						
City	State		ZiP		Co	untrv

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	9/16/2003
First Named Inventor	Errico;
Title Intervertebral Spacer Device Ha	ring Recessed Notch Pairs for Manipulation Using a Surgical Tool
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-293

I hereby appoint:    Practitioners at Customer Number   36402	<u>-</u>									
OR    Practitioner(s) named below:    Name			N		00400					
Practitioner(s) named below:    Name	i ruomio	ners at (	Customer Number		36402		<b></b>			е
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  Signature  Signature  Place Name   Signature   9/16/2003		ner(s) na	med below:							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  Practitioners at Customer Number.  Practitioners at Customer Number Place Customer Number Bar Code Label here  I firm or Individual Name  Address  Address  City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor.  X Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Joseph P. Errico, CEO, SpineCore, Inc.  Signature  Place Customer Number Place Customer Number Pace Customer Number Bar Code Label here  Zip  SIGNATURE of Applicant or Assignee of Record  Name Joseph P. Errico, CEO, SpineCore, Inc.  Signature P/16/2003  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		101(0) 110		-			Registra	ation Nu	ımher	<b>–</b>
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SIGNATURE of Applicant or Assignee of Record  Name  Joseph P. Errico, CEO, SpineCore, Inc.  Signature  Date  9/16/2003  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Anaisma	6			27 OFD 2	74				
Name  Joseph P. Errico,  Signature  Date  9/16/2003  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							/96).	-		
Signature  Date  9/16/2003  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			SIGNATURE o	f Applic	ant or Assign	ee of	Record			
Date 9/16/2003  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	Joseph	P. Errico, C	EO,	SpineCore,	Inc.				
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	STATEMENT	T UNDER 37 CFR 3.73(b)					
Applicant/Patent Owner: Jo	seph P. Errico;	Michael W. Dudasik;	Rafail Zubok				
Application No./Patent No.:_		Filed/Issue Date	9/16/2003				
Entitled:Intervertebra	l Spacer Device Having	Recessed Notch Pairs for Manipulati	on Using a Surgical Tool				
SpineCore, Inc. , a Limited Liability Company ,							
(Name of Assignee)	(T	ype of Assignee, e.g., corporation, partne	rship, university, government agency, etc.)				
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states that it is:							
1. X the assignee of the ent	_						
2. an assignee of less that The extent (by, percen	in the entire right, ti tage) of its ownersh	itle and interest. hip interest is%					
in the patent application/pate	nt identified above	by virtue of either:					
	nited States Patent	patent application/patent ider and Trademark Office at Ree	ntified above. The assignment				
OR							
B. [ ] A chain of title from the assignee as shown be		patent application/patent ide	ntified above, to the current				
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	i.e., the original ass gnment Division in	signment document or a true of a coordance with 37 CFR Part	copy of the original document)				
The undersigned (whose title i	s supplied below) is	s authorized to act on behalf o	of the assignee.				
9/16/200	3	Jo	oseph P. Errico,				
Date		Typed	or printed name				
		CEO, Spine	Signature eCore, Inc.				
			Title				

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